



10 September 2003

Richard E. Larson, Executive Director
CARES Commission, (00CARES)
810 Vermont Avenue, NW
Washington, DC 20420

Dear Mr. Larson:

I have been invited to attend the CARES Commission meeting on 19 September 2003 in Prescott, AZ.

I have included a copy of my comments for the record.

I look forward to this meeting, and appreciate the work that has been put into this project.

Sincerely,

John E Bignall
Senior Benefits Advocate
Point of Contact, VISN 18

PVA CARES PRESENTATION
VISN 18
Prescott, AZ
19 September 2003

Members of the Commission, the AZ Chapter of the Paralyzed Veterans of America (PVA) is pleased to provide its input to you regarding VA's plan for the future delivery of medical services to veterans with spinal cord injury or disease (SCI/D) during this phase of VA's Capital Asset Realignment for Enhanced Services (CARES) initiative.

PVA recognizes the vital importance of the CARES process. VA's CARES initiative is designed to meet the future health care needs of America's veterans by charting a course to enhance VA health care services through the year 2022.

For PVA members, there is no alternative health care delivery system in existence that can deliver the complex medical services required to meet the on-going health care needs of veterans living with spinal cord injury or disease. For us, VA's spinal cord injury centers are a matter of life or death, a matter of health or illness, and a matter of independence and productivity. Additionally, PVA is pleased to see that VA's recent CARES document understands the need to assure the availability of neurosurgical medical services at all SCI Center locations.

Following World War II, the life expectancy of a veteran with a spinal cord injury was just over one year, but now because of important medical breakthroughs, many achieved through VA medical research, and the development of VA's network of spinal cord injury centers a veteran with a spinal cord injury can expect to live a fairly normal lifespan. However, during our lifetimes we depend, time and again, on the VA SCI center system to meet and resolve the health care crises we encounter as we grow older.

Our local PVA Chapter has been seriously involved with the CARES process since its inception, we attended local CARES meetings, and we provided our comments on the VA's VISN Market Plans affecting our area

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to our national office who in turn provided them to you. On the whole, the AZ Chapter feels relieved that VA's SCI population and workload demand projections model recognizes the need for increased VA SCI acute and long-term care medical services through fiscal year 2022. VA's VISN Market Plans call for the addition of four new SCI centers located in VISN 2, 16, 19 and 23 and for additional long-term care beds in VISN's 1, 8, 9 and 22. These new centers and long-term care beds are essential to meet the growing medical needs of PVA members across America and in our local area.

In response to the VISN 18 Market Plan please, find below the statement from the Arizona Chapter of the Paralyzed Veterans of America (PVA).

We concur with the VISN 18's consideration of the important elements that included referral patterns, travel distances between primary/hospital care choices and the availability of transportation options. Also, the geographic challenges are always a major consideration because of the mountain ranges, remote desert locales and weather patterns that can restrict or close the major highways and roadways that are need for access.

While there was no recommendations or Special Disability Planning Initiative (specifically, specialty care for the SCI population), we also believe that some of the options for the identified Planning Initiative (PI) will have a direct affect on VISN 18 specialty care program. The predication, that a veterans increase through 2010 will also have a direct impact on the program.

We believe and support the Small Facility PI Option that would increase the VA Prescott acute medicine beds by 19 to reach a total of 44 beds. This Option would also support 3 other PIs within the Arizona Market: Inpatient Medical Beds, Outpatient Primary Care, and Outpatient Specialty Care. Their decisions were based on access, quality, patient satisfaction and convenience – what is best for the veterans!

We believe and support the development and potential DOD collaborative opportunity with Luke AFB (and others). With the ever fight for dollars and resources for the VA any and all efforts such be researched for better ways of obtaining and providing medical care for the veterans.

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We believe and support the PI that would expand the space available for the projected growth of research at the VAMC Phoenix. Specifically, the opportunity to join with the Arizona State University (ASU) in establishing the Arizona Biomedical Institute. The collaboration with ASU's Arizona Biomedical Institute will fuel further and faster growth and, the ASU campus would provide an ideal location and necessary resources.

Thank you for the opportunity to submit and have a voice in the journey that the VA and veteran's share as we look to the future to secure, maintain, and improve the quality of care that is required and needed for our veterans.

The AZ PVA supports the VISN18 Market Plan that increases the number of CBOC's to provide primary care in both urban and rural areas. The ability to drive a reasonable distance for health care will have positive long term benefits for veterans who might otherwise not receive medical care. However, we firmly believe that all veterans with Spinal Cord Dysfunction or Multiple Sclerosis should be referred to the closest Spinal Cord Injury Center or SCI clinic. The CBOC's provide excellent care but do not have the staff or the expertise to provide the specialized care required by this population of veterans

We also feel that VA must make every effort to plan for and meet the growing demand for long-term SCI care in our area. For us, long-term care means a mix of services such as: hospital based home care, on-going home visits for medical equipment and accessibility evaluations, respite care, assisted living, and SCI nursing home long-term care.

Finally, the AZ Chapter must speak about the importance of intra-VISN coordination and collaboration if VA's CARES SCI plan is to be a success. VA's SCI center system has evolved into a highly efficient hub and spoke system. Each VA VISN must understand and abide by VA's SCI Handbook 1176.1. In our area, our members may choose to receive medical services from a variety of VA SCI providers that best meets their SCI medical needs. This is their right. It is vital that VA's SCI referral protocols be respected by each VISN so that individual SCI veterans can receive care in the most appropriate setting according to their choice and medical need.

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Once again the AZ Chapter stands ready to assist the Commission in understanding the unique SCI medical care needs in our geographical area. If I can be of further assistance please don't hesitate to contact me at 8126 N. 23rd Avenue #J, Phoenix, AZ 85021, (602) 244-9168, FAX: (602) 244-0416.

Thank you for listening to our concerns.

Submitted by:

John E Bignall, Senior Benefits Advocate
VISN 18 Point of Contact
3333 North Central Avenue
Phoenix, AZ 85012
602.627.3311

Statement of
Leo Chischilly, Department Manager II
Department of Navajo Veterans Affairs
The Navajo Nation

Before the
Capital Asset Realignment for Enhanced Services (CARES) Commission
for the Department of Veterans Affairs held on September 19, 2003 at 1:00 pm
at the Northern Arizona VA Healthcare System in Prescott, Arizona

Concerning
Recommendations on the Department of Veterans Affairs
Veteran Health Administration
Draft National CARES Plan

Messrs. Chairman and distinguished members of the CARES Commission for the Department of Veterans Affairs. My name is Leo Chischilly, Department Manager II with the Department of Navajo Veterans Affairs of the Navajo Nation.

On behalf of the Navajo Nation and the estimated 16,000 Armed Forces Navajo Veterans of the Navajo Nation, I wish to thank you for the invitation and the opportunity to present some of our views and recommendations concerning the CARES plan. We are also appreciative of your continuing concern for all our nation's veterans.

Before I provide my views and recommendations, let me share with you some information on the Navajo Nation so you will have an idea of our geographic condition and situation.

THE NAVAJO NATION

The Navajo Nation contains the largest land base and the largest enrollment of Navajo Indian Tribe in the United States, numbering over 250,000 with land base extending into the states of Arizona, Utah and New Mexico covering 26,000 square miles. The majority of the Navajo population are below the national poverty level. Many of our Navajo veterans fall within this poverty level. Navajo Nation veterans utilize three VA Medical Centers that include Albuquerque VAMC, Phoenix Carl T. Hayden VAMC and Prescott VAMC. Driving distances (round trip) to VA Medical Centers from various points are:

- Window Rock, AZ to Albuquerque, NM = 326 miles
- Tuba City AZ to Albuquerque, NM = 542 miles
- Window Rock, AZ to Phoenix, AZ = 656 miles
- Tuba City, AZ to Phoenix, AZ = 441 miles
- Window Rock, AZ to Prescott, AZ = 584 miles
- Tuba City, AZ to Prescott, AZ = 366 miles

There are three (3) community-based outpatient VA Clinics, in the border town areas of the Navajo Nation, located in Gallup, New Mexico, Holbrook, Arizona and Farmington, New Mexico. Because the Navajo Nation extends into the three (3) states, Navajo veterans either have to utilize Albuquerque, Carl T. Hayden or Prescott VAMC, depending on which VAMC they are enrolled with. During the latter part of February 2003, a Memorandum of Understanding (MOU) was signed that says: Memorandum of Understanding (MOU) Between the VA/Veterans Health Administration and IHS/Indian Health Service signed by Leo S. Mackey, Jr., Deputy Secretary of Veterans Affairs and Claude A. Allen, Deputy Secretary of Health and Human Services on February 25, 2003

The purpose of this MOU is to encourage cooperation and resource sharing between the Veterans Health Administration (VHA) and Indian Health Service (IHS). The goal of the MOU is to use the strengths and expertise of the organizations to deliver quality health care services and enhance the health of American Indian and Alaska Native veterans. The MOU establishes joint goals and objectives for ongoing collaboration between VHA and IHS in support of their respective missions.

Planning for Veterans Future Needs: CARES Plan

It is VA's objective to get the most services out of the millions of dollars it spends and meeting the needs of veterans it serves, and how best to utilize the resources. Based on the VA's program objectives: **"more effective use of VA resources to provide more care, to more veterans in places where veterans need that care most,"** the following views and recommendations are offered:

Recommendations

1. The Navajo Nation veterans are one of the most underserved veteran population because of the distances involved to VA Medical Centers from certain points of the Navajo Nation. Therefore, the Navajo Nation is requesting that some of the resources be diverted to the Navajo Nation for Specialty Care for Compensation and Pension (C&P) examination; Women Veterans Health Care and PTSD counseling. The

Fort Defiance Indian Hospital vacated in 2002 is a three (3) story building with 98,000 square feet of open space. This facility is located seven (7) miles North of the Navajo Nation Capitol of Window Rock, Arizona. This facility is also proposed to be utilized to house several veteran programs such as Nursing/Home Health Care, Homeless Veterans programs, Hospice Care, Veterans Employment and Training, Veterans Organization and staffing to provide Veterans Benefits information and filing claims, among others. A veteran's cemetery is being planned within 2 miles from this vacant hospital. As such, there will be collaborative efforts between agencies and resources. Moving services closer for concentration of veterans will improve services and produce cost savings.

2. The MOU signed by Department of Veterans Affairs (DVA) and Indian Health Service (IHS) on February 25, 2003 can extend to be utilized and encouraged for use of vacated Public Health Service hospital in Ft. Defiance for accessibility by Navajo veterans and other veterans for Specialty Care and other health needs.
3. The VA Medical Centers, Albuquerque, Carl T. Hayden and Prescott need to coordinate as to how best to coordinate resources for Navajo veterans living in the three (3) adjacent states of the Navajo Nation in the health care and delivery services.

Mr. Chairman and members of the CARES Commission thank you for the opportunity to appear before you on behalf of the Navajo Nation and its veterans and I know CARES is about improving veterans health care.

***STATEMENT OF
CHARLES E. LAMBERT
NATIONAL SERVICE OFFICER
OF THE
DISABLED AMERICAN VETERANS
BEFORE THE
CAPITAL ASSETS REALIGNMENT FOR ENHANCED SERVICES COMMISSION
PRESCOTT, ARIZONA
SEPTEMBER 19, 2003***

Mr. Chairman and Members of the Commission:

On behalf of the members of the Disabled American Veterans (DAV) and its Auxiliary, we are pleased to express our views on the proposed Capital Assets Realignment for Enhanced Services (CARES) Market Plans for this area in VISN 18.

Since its founding more than 80 years ago, the DAV has been dedicated to a single purpose: building better lives for America's disabled veterans and their families. Preservation of the integrity of the Department of Veterans Affairs (VA) health care system is of the utmost importance to the DAV and our members.

One of VA's primary missions is the provision of health care to our nation's sick and disabled veterans. VA's Veterans Health Administration (VHA) is the nation's largest direct provider of health care services, with 4,800 significant buildings. The quality of VA care is equivalent to, or better than, care in any private or public health care system. VA provides specialized health care services—blind rehabilitation, spinal cord injury care, posttraumatic stress disorder treatment, and prosthetic services—that are unmatched in the private sector. Moreover, VHA has been cited as the nation's leader in tracking and minimizing medical errors.

As part of the CARES process, VA facilities are being evaluated to ensure VA delivers more care to more veterans in places where veterans need it most. DAV is looking to CARES to provide a framework for the VA health care system that can meet the needs of sick and disabled veterans now and into the future. On a national level, DAV firmly believes that realignment of capital assets is critical to the long-term health and viability of the entire VA system. We do not believe that restructuring is inherently detrimental to the VA health care system. However, we have been carefully monitoring the process and are dedicated to ensuring the needs of special disability groups are addressed and remain a priority throughout the CARES process. As CARES has moved forward, we have continually emphasized that all specialized disability programs and services for spinal cord injury, mental health, prosthetics, and blind rehabilitation should be maintained at current levels as required by law. Additionally, we will remain vigilant and monitor the VA to ensure that their focus is on the most important element in the process, enhancement of services and timely delivery of high quality health care to our nation's sick and disabled veterans.

Furthermore, DAV members are aware of the proposed CARES Market plans and what the proposed changes would mean for the community and the surrounding area in VISN 18, including:

Campus Realignment/Consolidation of Services/Small Facility

- Medicine workload at Prescott will increase by taking patients who would have been referred to Phoenix. This will also enhance the ability to recruit specialists at Prescott to meet the need for outpatient specialty care. Utilization review will ensure that lengths of stay are compensable to Medicare guidelines.

Outpatient Services

Primary Care and Mental Health

- Increasing primary care and mental health outpatient service is being addressed in the market primarily through expansion of existing Community-Based Outpatient Clinics (CBOCs) as well as increasing services at parent facilities. Outpatient mental health is being integrated with primary care at all sites.

Specialty Care

- Increasing specialty care services will be met using a combination of in-house expansion (new construction, renovation, and leases), and by offering selected high volume specialty care services at larger CBOCs, and through community contracts.

Inpatient Services

Medicine

- Increasing demand in the Arizona market will be met by expanding in-house services at all three facilities, using renovation projects.

Psychiatry

- The increasing demand for inpatient psychiatry will be met by expanding services at Phoenix and Tucson.

Extended Care

- Proposed capital investments for nursing homes include the renovation of 124,209 square feet in the Arizona market (Phoenix, Prescott, and Tucson).

Enhanced Use

- A major enhanced use leasing project at Phoenix is being pursued, which will make office space available on its campus in downtown Phoenix to affiliates, as well as DoD and the private sector.

Collaboration

- The VISN is pursuing expansion of the joint venture with Luke Air Force Base at the Mesa CBOC.

Research

- The VISN will join with Arizona State University (ASU) to establish an Arizona Biomedical Institute. In addition, the VISN is working with both ASU and University of Arizona to establish a Molecular Diagnostics and Research Laboratory.

In essence, we concur with the solutions proposed to realign the resources in VISN 18. We feel the solutions are a straightforward and common sense approach. The outcome expected is that for which CARES was established: to provide the best care possible to veterans with the resources available, and to project their needs. We concur with the proposals for VISN 18 and look forward to implementation of these proposals.

In closing, the DAV sincerely appreciates the CARES Commission for holding this hearing and for its interest in our concerns. We deeply value the advocacy of this Commission on behalf of America's service-connected disabled veterans and their families. Thank you for the opportunity to present our views on these important proposals.

**STATEMENT OF
RON MURPHY
THE AMERICAN LEGION
BEFORE THE
CAPITAL ASSET REALIGNMENT FOR ENHANCED SERVICES
(CARES) COMMISSION
ON
THE DRAFT NATIONAL CARES PLAN
SEPTEMBER 19, 2003**

Mr. Chairman and Members of the Commission:

Thank you for the opportunity today to express the local views of The American Legion on the Department of Veterans Affairs' (VA)'s Capital Asset Realignment for Enhanced Services (CARES) initiative as it concerns Veterans Integrated Services Network (VISN) 18. As a veteran and stakeholder, I am honored to be here today.

The CARES Process

The VA health care system was designed and built at a time when inpatient care was the primary focus and long inpatient stays were common. New methods of medical treatment and the shifting of the veteran population geographically meant that VA's medical system was not providing care as efficiently as possible, and medical services were not always easily accessible for many veterans. About 10 years ago, VA began to shift from the traditional hospital based system to a more outpatient based system of care. With that shift occurring over the years, VA's infrastructure utilization and maintenance was not keeping pace. Subsequently, a 1999 Government Accounting Office (GAO) report found that VA spent approximately \$1 million a day on underused or vacant space. GAO recommended, and VA agreed, that these funds could be better spent on improving the delivery of services and treating more veterans in more locations.

In response to the GAO report, VA developed a process to address changes in both the population of veterans and their medical needs and decide the best way to meet those needs. CARES was initiated in October 2000. The pilot program was completed in VISN 12 in June 2001 with the remaining 20 VISN assessments being accomplished in Phase II.

The timeline for Phase II has always been compressed, not allowing sufficient time for the VISNs and the National CARES Planning Office (NCPO) to develop, analyze and recommend sound Market Plan options and planning initiatives on the scale required by the magnitude of the CARES initiative. Initially, the expectation was to have the VISNs submit completed market plans and initiatives by November, 2002, leaving only five months to conduct a comprehensive assessment of all remaining VISNs and develop recommendations. In reality, the Market Plans were submitted in April 2003. Even with the adjustment in the timeline by four months, the Undersecretary for Health found it necessary in June 2003, to send back the plans of several VISNs in order for them to reassess and develop alternate strategies to further consolidate and compress health care services.

The CARES process was designed to take a comprehensive look at veterans' health care needs and services. However, because of problems with the model in projecting long-term care and mental health care needs into the future, specifically 2012 and 2022, these very important health care services were omitted from the CARES planning. The American Legion has been assured that these services will be addressed in the next "phase" of CARES. However, that does not negate the fact that a comprehensive look cannot possibly be accomplished when you are missing two very important pieces of the process.

The American Legion is aware of the fact that the CARES process will not just end, rather, it is expected to continue into the future with periodic checks and balances to ensure plans are evaluated as needed and changes are incorporated to maintain balance and fairness throughout the health care system. Once the final recommendations have been approved, the implementation and integration of those recommendations will occur.

Some of the issues that warrant The American Legion's concern and those that we plan to follow closely include:

- ? Prioritization of the hundreds of construction projects proposed in the Market Plans. Currently, no plan has been developed to accomplish this very important task.
- ? Adequate funding for the implementation of the CARES recommendations.
- ? Follow-up on progress to fairly evaluate demand for services in 2012 and 2022 regarding long-term care, mental health, and domiciliary care.

VISN 18- ARIZONA

Three VA medical facilities located in Prescott, Phoenix, and Tucson, Arizona service the veterans in Arizona. Additionally, there are a number of Community Based Outpatient Clinics (CBOCs) affiliated with the hospitals.

Small Facility

The DNP proposes to enhance the Prescott VA Medical Center by increasing the inpatient and specialty care services. This will help to relieve the workload at the Phoenix facility and strengthen the ability of Prescott to recruit specialists to meet the need for outpatient specialty care.

There are precious few enhancements, such as this one, contained in the DNP and The American Legion is pleased to support this improvement of the Northern Arizona VA Health Care System (NAVAHCS). The Prescott facility is the largest veteran health care facility within a 60,000 square mile area and is the fourth largest employer for that area.

Outpatient Services/Inpatient Services/Extended Care

The increased demand for outpatient services will be met through several avenues to include new construction, renovation, community contracting and expansion of existing CBOCs. Similarly, renovation projects at all three medical facilities is proposed to meet the increasing demand in medicine, inpatient psychiatry and extended care.

The American Legion is concerned that no real plan has been mapped out and by just listing what we consider “catch-alls” is unacceptable. Has the community been approached about contracting of care, and are they willing to work with VA? Is there a plan to prioritize the many construction projects that will need to take place in order to make this plan work? The American Legion believes there are too many loose ends in this section of the DNP for Arizona.

Enhanced Use

Phoenix is pursuing an enhanced use lease project that will expand the office space available on its campus for use by affiliates, as well as Department of Defense and the private sector. The American Legion is not opposed to enhanced use leasing as long as the veteran and VA both benefit from the arrangement.

Research

The VISN is pursuing the expansion of space available for the projected growth of research at VAMC Phoenix. The American Legion supports the furthering of research and is pleased to note that Arizona State University (ASU) will play a key role in this project by working with Phoenix to establish an Arizona Biomedical Institute. Research is a key component to improving the quality of veterans’ health care and the future of VA.

Thank you for inviting The American Legion to express our views on the DNP and CARES.